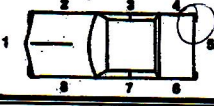
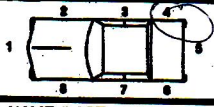


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-9268		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO.
REPORT TAKEN <input type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input checked="" type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED					
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 6/04/15 SAT		TIME: MILITARY 1706				
CRASH OCCURRED ON 1425 Columbus Ave				WITHIN THE INTERSECTION OF Parking lot								
IF NOT IN INTERSECTION MILES 500 FEET W ③ E OF Miller Rd				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE 08303				
LOG-1		LOG-2		LOC JUR FH9 FILT								
A	UNIT NO. 1	NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Statefarm						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Gruber, Joseph Michael				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 822 Hawthorne Hill, Lebanon, OH, 45036				PHONE 513-850-4132				
PHONE NO.		BIRTH DATE m y		AGE 		SEX 		SOCIAL SECURITY NO.		STATE OH		
OWNER (IF SAME AS DRIVER, WRITE SAME) Gruber, Joseph Michael		ADDRESS 822 Hawthorne Hill, Lebanon, OH, 45036		PHONE 513-850-4132								
VEH YR 11	MAKE Toyota	MODEL HB		COLOR Silver	STYLE HB	STATE OH	LICENSE PLATE NO. 450YNL	TOWING SERVICE		VEH/PED DIR FROM S to N		
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
8	UNIT NO. 2	NO OF OCCUPANTS 1		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT						
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Lyons, Elizabeth L				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 101 E. Park Ave, Lebanon OH, 45036				PHONE 513-932-6178				
PHONE NO.		BIRTH DATE m y		AGE 		SEX 		SOCIAL SECURITY NO.		STATE OH		
OWNER (IF SAME AS DRIVER, WRITE SAME) Same		ADDRESS Same		PHONE Same								
VEH YR 12	MAKE Ford	MODEL 4H		COLOR Grey	STYLE 4H	STATE OH	LICENSE PLATE NO. CE15HR	TOWING SERVICE		VEH/PED DIR FROM S to E		
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE m y		AGE		POSITION A B C D E F		INJURIES A B C D E F		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE m y		AGE		POSITION A B C D E F		INJURIES A B C D E F		
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE m y		AGE		POSITION A B C D E F		INJURIES A B C D E F		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE m y		AGE		POSITION A B C D E F		INJURIES A B C D E F		
A B C		INJURED TAKEN TO		By				A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NO		
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